



ASBESTOS LANDFILL RECOGNITION FORM (AAC-7 OS)

Out of State Landfill

Louisiana Department of Environmental Quality
OES - Permit Support Services Division
Notifications and Accreditations Section
P.O. Box 4313, Baton Rouge, LA 70821-4313
Phone (225) 219-0789 Fax (225) 219-3310

For DEQ Use Only

AI no.

RAL no.

I. Instructions:

This application must be completed and submitted to the Louisiana Department of Environmental Quality at the above address. All landfills must enclose a copy of the section of the approved permit that addresses friable and/or non-friable asbestos containing waste material (ACWM). Upon receipt of an acceptable application, the landfill will be included on Louisiana's Asbestos Recognition Landfill list. If you have any questions, please contact Jodi Miller, Environmental Scientist Senior, at (225) 219-0789; or email at Jodi.Miller@la.gov.

II. Landfill Information: (Please Print Legibly or Type)

Name of Landfill:		Physical Location of Landfill:	
Mailing Address:		Contact Name:	
City:		Contact Phone No.	Fax No.
State:	Zip Code:	Contact Email Address:	
Accepts: (check all that apply) ____ Friable ____ Non-friable ____ No ACWM		If non-friable ACWM <u>Only</u> is Accepted, this form is not required. ____ Category 1 (pliable) ____ Category 2 (rigid)	
Landfill Type: (check one) ____ Type I (Industrial Solid Waste Landfill) ____ Type II (Residential &/or Commercial Landfill)		____ Type III (Construction and Debris Landfill) (non-regulated asbestos containing material only)	

III. Availability and Compliance with LAC 33:III.Chapter 51. Subchapter M, Louisiana asbestos regulations:

<http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx>

(To be completed and signed by the facility manager. Please check "yes" or "no" after each statement)

A. A copy of LAC 33:III.Chapter 51.Subchapter M, which pertains to asbestos renovation/demolition and waste disposal is on site at the landfill and made available to all employees.

____ Yes ____ No

B. The facility has properly trained employees concerning the above regulations.

____ Yes ____ No

Submit a work plan outlining steps that employees will take to assure that Asbestos Disposal Verification Forms (ADVF) accompany the ACWM received at the facility, review the documents for discrepancies, complete the form in its entirety, return the ADVF to the LDEQ within specified timeframes, and submit discrepancy reports, as required by the regulations.

C. The facility is permitted to accept asbestos-containing waste noted in Part II of this form.

____ Yes ____ No If yes, indicate Permit No. _____

Attach the pages of the solid waste permit which states this type of material is acceptable and the signature page of the permit.

Facility Manager (Print Name)

Signature

Date

Rev: 09/23/08